

OMPT Fellowship Graduates: A Survey of Professional Development and Leadership Activities

OMPT Fellowship Graduates Survey Introduction

Dear Research Participant,

This study will investigate the professional and educational outcomes following graduation from your orthopedic manual physical therapy fellowship program. The published data will allow the benefits of post-professional education to be more widely understood. Therefore, you could potentially benefit from future employment opportunities based on improved employer understanding of the advanced expertise and professional development associated with fellowship level post-professional education. Additionally, individuals who complete this survey will be eligible to win one of eight \$25 Amazon gift cards. There are no known risks associated with completing this study.

Before your participation, please read the following regarding how your responses will be used and how your rights as a participant will be protected.

- Participation in the study is completely voluntary. You may stop participating at any point without penalty.**
- Your name is being collected to allow us to follow up with individuals who have not responded to initial requests to participate. We will contact individuals up to two times via email messages and once with a personal phone call in attempt to maximize our survey response rate, and therefore elevate the validity of our survey results.**
- Individual data will be analyzed via a dummy data code and not via an individual's name or contact information. Further, your personal identifiable information will not be included in the final data set that is analyzed, and only one member of the study team will have access to this information. Julie Whitman, specifically, will not have access to the survey key or see identifiable information.**
- Your answers will be kept confidential and your decision to participate will not affect your employment status and/or your future relationship with South College or Evidence In Motion.**
- Your participation will allow others to more fully understand the benefits of fellowship level post-professional education, and the depth and extent of a fellowship graduate's dedication to the profession and the patients we treat.**
- Your participation will take as much time as it takes you to complete the information collection sheet and the surveys, estimated to be approximately 20-30 minutes.**

An Institutional Review Board responsible for human subjects research at South College reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and College policies designed to protect the rights and welfare of participants in research.

If at this point you are still interested in participating and assisting with this important research project, please check the consent box below. You will then be allowed to complete the survey. If you do not wish to continue with the survey, check the box labeled "I do not consent to participate"

and the survey will end.

**You may contact me 916-872-5193 if you have questions or concerns about your participation.
Thank you for your time and consideration.**

Professionally,

Julie Whitman

*** 1. Do you wish to participate in the survey?**

- ☐ No, I do not consent to participate
- ☐ Yes, I consent to participate in the survey and have read and understood the consent information above
- ☐ I am not sure, please contact me

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Identifying Demographics

As a reminder, your name is being collected to allow us to follow up with individuals who have not responded to initial requests to participate. Individual data will be analyzed via a dummy data code and not via an individual's name or contact information. Further, your personal identifiable information will not be included in the final data set that is analyzed, and only one member of the study team will have access to this information. Julie Whitman, specifically, will not have access to the survey key or see identifiable information. Your answers will be kept confidential and your decision to participate will not affect your employment status and/or your future relationship with South College or Evidence In Motion.

* 1. Please indicate your full name (first and last)

* 2. Please enter your email address

* 3. Please enter the best phone number (include area code) to reach you at (numbers only)

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Unidentified Demographics Current

* 1. Please indicate your sex

☐ Female

☐ Male

* 2. Please identify the city and state of your current primary place of employment.

City

State

3. Please state your current age in years (at your last birthday)

* 4. Please identify your current practice setting (select all that apply)

☐ Metropolitan/Urban

☐ Suburb

☐ Rural/Remote

☐ Military/Uniformed Health/VA

☐ Other (please specify)

* 5. What type of entry-level education program did you complete to become a physical therapist?

☐ Certificate

☐ Baccalaureate degree

☐ Master's degree

☐ Doctorate degree

* 6. What year was your entry-level degree granted?

* 7. What is the highest academic degree you hold?

- ☐ Certificate
- ☐ Bachelor's degree
- ☐ Entry level Master's degree
- ☐ Post professional Master's degree
- ☐ MBA
- ☐ DPT (Clinical doctorate in physical therapy)
- ☐ Doctoral degree (Ph.D., Ed.D., Sc.D., etc.)
- ☐ Other (please specify)

* 8. What clinical certifications or formal postprofessional education in physical therapy do you hold **currently?** (choose all that apply)

- ☐ OCS
- ☐ SCS
- ☐ Orthopaedic Residency
- ☐ Sports Residency
- ☐ MDT
- ☐ Manual Therapy Certification (MTC, COMT, etc)
- ☐ Women's Health/Pelvic Health
- ☐ Pain Neuroscience Certification
- ☐ None of the above
- ☐ Other (please specify)

* 9. How many years have you been practicing physical therapy to date?

* 10. Approximately how many years have spent in primary orthopedic or sports physical therapy practice to date?

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Unidentified Demographics Prior to Fellowship

- * 1. How many years were you practicing as a licensed physical therapist **prior** to entering the fellowship program?

- * 2. What year did you complete the EIM fellowship program?

- * 3. How many months did it take you to complete the fellowship program?

- * 4. When you were in the program, did you have a "significant other" for more than 50% of the time? A "significant other" refers to a spouse, partner, boyfriend/girlfriend or significant other

☐ No

☐ Yes

☐ Other (please specify)

- * 5. When in the program, I... (select all that apply)

☐ had young children at home (elementary age or younger)

☐ had "older" kids at home (junior high or older)

☐ cared for aging parents

☐ had other family situations that required extensive time and attention (please list in "other" if willing)

☐ did NOT have family situations that required extensive time and attention

☐ Other (please specify)

* 6. The nearest FAAOMPT mentor to me while in the fellowship program was..

- ☐ Within my organization
- ☐ Within my town/city
- ☐ Within a 30 minute drive
- ☐ Within a 1 hour drive
- ☐ Within a 2 hour drive
- ☐ Greater than a 2 hour drive
- ☐ I am not sure
- ☐ Other (please specify)

* 7. The nearest "in-residence" OMPT Fellowship program to me while in the fellowship program was.. (An in-residence fellowship program is a program that is considered full-time, where you are employed by the fellowship program and you have on-site/local mentors.)

- ☐ Within my organization
- ☐ Within my town/city
- ☐ Within a 30 minute drive
- ☐ Within a 1 hour drive
- ☐ Within a 2 hour drive
- ☐ Greater than a 2 hour drive
- ☐ I am not sure
- ☐ Other (please specify)

* 8. In the absence of hybrid fellowship programs like EIM's program, and given your life situation at the time you entered fellowship, would you have attended an in-residence fellowship program?

- ☐ No, I would not have pursued fellowship training
- ☐ Yes, only if it did not require relocation
- ☐ Yes, even if it did require relocation
- ☐ I am not sure

* 9. I elected to attend EIM's blended model OMPT Fellowship program for the following reasons:

☐ I was able to maintain work and a salary while going through fellowship

☐ I was unwilling or unable to relocate

☐ I respected EIM's faculty

☐ I liked the clinical reasoning model used

☐ I liked the research based approach they use

☐ I liked the inclusion of pain sciences education in the program

☐ I liked the eclectic techniques taught

☐ I wanted to have access to EIM's vast professional network

☐ I wanted to be able to teach in EIM's programs

☐ Other (please specify)

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Prior Work History (prior to entry into fellowship)

The following questions will ask you about professional information PRIOR to entering the fellowship program.

* 1. Which of the following best characterizes your primary position **immediately prior** to entering the fellowship program?

- ☐ Staff physical therapist
- ☐ Clinical specialist/Senior staff physical therapist
- ☐ Clinical supervisor or director
- ☐ Partner in physical therapy practice or business
- ☐ Sole owner of a physical therapy practice or business
- ☐ Clinical administrator or coordinator of physical therapy
- ☐ Clinical Educator (entry level or postprofessional)
- ☐ Academic faculty member
- ☐ Academic administrator (entry level or postprofessional)
- ☐ Director of physical therapy education program
- ☐ Clinical researcher
- ☐ Traveling physical therapist
- ☐ Other (please specify)

* 2. Which of the following best describes the type of facility or institution in which (or for which) you performed all or most of your responsibilities of your primary position immediately **prior** to entering the fellowship program?

- ☐ Hospital inpatient
- ☐ Hospital outpatient
- ☐ Outpatient private practice
- ☐ Physician owned PT practice
- ☐ Home health agency
- ☐ Inpatient rehabilitation center
- ☐ Outpatient rehabilitation center
- ☐ Extended care facility / SNF
- ☐ Academic institution
- ☐ Research center
- ☐ Collegiate or professional sports team
- ☐ Public or private school (K-12)
- ☐ Military
- ☐ Other (please specify)

* 3. Did you hold a secondary position immediately **prior** to entering the fellowship program? A secondary position is defined as a position that you hold where you have regularly scheduled hours each week. Do not include positions such as periodic adjunct teaching responsibilities (this will be captured later).

- ☐ No
- ☐ Yes

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* 1. Which of the following best characterizes your secondary position **immediately prior** to entering the fellowship program?

- ☐ Staff physical therapist
- ☐ Clinical specialist/Senior staff physical therapist
- ☐ Clinical supervisor or director
- ☐ Partner in physical therapy practice or business
- ☐ Sole owner of a physical therapy practice or business
- ☐ Clinical administrator or coordinator of physical therapy
- ☐ Clinical Educator (entry level or postprofessional)
- ☐ Academic faculty member
- ☐ Academic administrator (entry level or postprofessional)
- ☐ Director of physical therapy education program
- ☐ Clinical researcher
- ☐ Traveling physical therapist
- ☐ Other (please specify)

* 2. Which of the following best describes the type of facility or institution in which (or for which) you performed all or most of your responsibilities of your secondary position **immediately prior** to entering the fellowship program?

- ☐ Hospital inpatient
- ☐ Hospital outpatient
- ☐ Outpatient private practice
- ☐ Physician owned PT practice
- ☐ Home health agency
- ☐ Inpatient rehabilitation center
- ☐ Outpatient rehabilitation center
- ☐ Extended care facility / SNF
- ☐ Academic institution
- ☐ Research center
- ☐ Collegiate or professional sports team
- ☐ Public or private school (K-12)
- ☐ Military
- ☐ Other (please specify)

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* 1. What clinical certifications or formal postprofessional education in physical therapy did you hold **prior** to entering the fellowship program? (choose all that apply)

- ☐ OCS
- ☐ SCS
- ☐ Orthopaedic Residency
- ☐ Sports Residency
- ☐ MDT
- ☐ Manual Therapy Certification (MTC, COMT, etc)
- ☐ Women's Health/Pelvic Health
- ☐ Pain Neuroscience Certification
- ☐ None of the above
- ☐ Other (please specify)

* 2. On average, how many hours of work per week were spent in direct patient care **prior** to entry into fellowship?

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Current Work History

The following questions will ask you about your CURRENT professional information

* 1. Which one of the following best characterizes your **current** primary position?

- ☐ Staff physical therapist
- ☐ Clinical specialist/Senior staff physical therapist
- ☐ Clinical supervisor or director
- ☐ Partner in physical therapy practice or business
- ☐ Sole owner of a physical therapy practice or business
- ☐ Clinical administrator or coordinator of physical therapy
- ☐ Clinical Educator (entry level or postprofessional)
- ☐ Academic faculty member
- ☐ Academic administrator (entry level or postprofessional)
- ☐ Director of physical therapy education program
- ☐ Clinical researcher
- ☐ Traveling physical therapist
- ☐ Other (please specify)

* 2. Which of the following best describes the type of facility or institution in which (or for which) you **currently** do most of your work

- ☐ Hospital inpatient
- ☐ Hospital outpatient
- ☐ Outpatient private practice
- ☐ Physician owned PT practice
- ☐ Home health agency
- ☐ Inpatient rehabilitation center
- ☐ Outpatient rehabilitation center
- ☐ Extended care facility / SNF
- ☐ Academic institution
- ☐ Research center
- ☐ Collegiate or professional sports team
- ☐ Public or private school (K-12)
- ☐ Military
- ☐ Other (please specify)

* 3. Focus of Practice: Identify the specialty area in which you **currently** focus your practice. (choose all that apply)

- ☐ Orthopaedics
- ☐ Sports
- ☐ Administration/Business
- ☐ Women's Health or Pelvic Health
- ☐ Chronic Pain
- ☐ Neurology
- ☐ Pediatrics
- ☐ Electrophysiology
- ☐ No focus in any one area
- ☐ Other (please specify)

* 4. **Currently**, on average, how many hours of work per week are spent in direct patient care?

* 5. Do you **currently** hold a secondary position? Do not include positions such as periodic adjunct teaching responsibilities (this will be captured later).

☐ No

☐ Yes

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* 1. Which one of the following best characterizes your **current** secondary position?

- ☐ Staff physical therapist
- ☐ Clinical specialist/Senior staff physical therapist
- ☐ Clinical supervisor or director
- ☐ Partner in physical therapy practice or business
- ☐ Sole owner of a physical therapy practice or business
- ☐ Clinical administrator or coordinator of physical therapy
- ☐ Clinical Educator (entry level or postprofessional)
- ☐ Academic faculty member
- ☐ Academic administrator (entry level or postprofessional)
- ☐ Director of physical therapy education program
- ☐ Clinical researcher
- ☐ Traveling physical therapist
- ☐ Other (please specify)

* 2. Which of the following best describes the type of facility or institution in which (or for which) you **currently** do most of your work for your secondary position?

- ☐ Hospital inpatient
- ☐ Hospital outpatient
- ☐ Outpatient private practice
- ☐ Physician owned PT practice
- ☐ Home health agency
- ☐ Inpatient rehabilitation center
- ☐ Outpatient rehabilitation center
- ☐ Extended care facility / SNF
- ☐ Academic institution
- ☐ Research center
- ☐ Collegiate or professional sports team
- ☐ Public or private school (K-12)
- ☐ Military
- ☐ Other (please specify)

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Clinical Expertise

The following six questions will ask you about the level of influence fellowship training has had on various aspects of expertise. Two following sections will ask specifically about clinical expertise (metacognition) and then technical application, respectively.

* 1. Indicate the level of influence fellowship training had on your view of yourself as a professional.

Professionalism is defined as the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community

(-5) Significant Negative Influence	-4	-3	-2	-1	(0) No Influence	1	2	3	4	(5) Significant Positive Influence
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 2. Indicate the level of influence of fellowship training on the following **professional** attributes:

	(-5) Significant Negative Influence	-4	-3	-2	-1	(0) No Influence	1	2	3	4	(5) Significant Positive Influence
Demonstration of a high level of communication skills with colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstration of a high level of communication and collaboration skills with multidisciplinary colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to lifelong learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to investing or giving back to the profession (legislative or professional association)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to teaching/leading peers in your clinical setting or professional community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to using your unique professional skills to serve your local community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 3. Indicate the level of influence of fellowship training on your **knowledge** of emerging practice dimensions in:

	(-5) Significant Negative Influence	-4	-3	-2	-1	(0) No Influence	1	2	3	4	(5) Significant Positive Influence
Evidence based practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient centered practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biopsychosocial model of clinical practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 4. Indicate the level of influence of fellowship training on your **application** of emerging practice dimensions in:

	(-5) Significant Negative Influence	-4	-3	-2	-1	(0) No Influence	1	2	3	4	(5) Significant Positive Influence
Evidence based practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient centered practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biopsychosocial model of clinical practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 5. Clinical Outcome Measurements. How often do you:

	Never (0%)	Rarely (<25%)	Occasionally (25-50%)	Consistently (50-75%)	Always (75-100%)
use clinical outcome measures?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
measure patient satisfaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 6. Indicate the influence of fellowship training on patient outcomes in your:

	(-5) Significant Negative Influence	-4	-3	-2	-1	(0) No Influence	1	2	3	4	(5) Significant Positive Influence
Ability to achieve optimal outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to treat efficiently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Critical Thinking/Clinical Reasoning

The following four questions relate to the level of influence of fellowship training on your critical thinking and clinical reasoning skills (metacognition). These questions **DO NOT** relate to your technical application of therapeutic interventions such as manual therapy techniques. A question on technical application will be asked in the following section.

- * 1. Indicate the level of influence of fellowship training on your **critical thinking/clinical reasoning** in the **patient history** had other family situations that required extensive time and attention (please list in "other" if willing) as related to:

	(-5) Significant Negative Influence	-4	-3	-2	-1	(0) No Influence	1	2	3	4	(5) Significant Positive Influence
Conducting a focused and skilled patient interview	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing hypotheses, including recognition of common clinical syndromes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asking appropriate questions and evaluating the need for medical referral/consultation, referral to additional healthcare provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning appropriate physical exam based on patient presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing a good relationship/rapport with the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 2. Indicate the level of influence of fellowship training on your **critical thinking/clinical reasoning** in the **physical exam** as related to:

	(-5) Significant Negative Influence	-4	-3	-2	-1	(0) No Influence	1	2	3	4	(5) Significant Positive Influence
Conducting a skilled, physical examination specifically tailored to the patient's complaint, diagnosis and presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing appropriate tests to evaluate the need for medical referral/consultation, referral to additional healthcare provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing appropriate tests to establish a physical therapy diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing clinical findings for reassessment of the effectiveness of treatment interventions that are meaningful to the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthesizing findings from physical exam to select appropriate interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 3. Indicate the level of influence of fellowship training on your **critical thinking/clinical reasoning** in the **intervention process** as related to:

	(-5) Significant Negative Influence	-4	-3	-2	-1	(0) No Influence	1	2	3	4	(5) Significant Positive Influence
Selecting and performing the most appropriate interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reassessing the patient's status in order to progress their treatment appropriately within session and over the course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selecting and instructing the patient in the most appropriate home exercise program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjusting your communication content and delivery method based on the patient's needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 4. Indicate the level of influence of fellowship training on your **critical thinking/clinical reasoning** in **discharge planning** as related to:

	(-5) Significant Negative Influence	-4	-3	-2	-1	(0) No Influence	1	2	3	4	(5) Significant Positive Influence
Establishing a prognosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clearly communicating the prognosis to the patient and other key stakeholders (family, caregiver, referring physician, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing for discharge and prevention of recurrence from the initial evaluation and throughout the course of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Technical Application

The following question relates to your technical application (psychomotor skills) of the following interventions. It does NOT relate to your clinical reasoning in the application of these interventions.

* 1. Indicate the level of influence of fellowship training on your **technical skills** in performance of:

	(-5) Significant Negative Influence	-4	-3	-2	-1	(0) No Influence	1	2	3	4	(5) Significant Positive Influence
Manual therapy non-thrust techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manual therapy thrust techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic Exercise Prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Modalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Targeted home exercise program and self management strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Leadership and Professional Involvement

The following questions will ask you about your current leadership positions and professional involvement.

* 1. Professional Memberships

	No	Yes
Are you currently an APTA member?	<input type="radio"/>	<input type="radio"/>
Are you currently an AAOMPT member?	<input type="radio"/>	<input type="radio"/>

* 2. **Since completing fellowship** have you served within AAOMPT, or at the national, or section level of the APTA? (select all that apply)

- ☐ AAOMPT Executive
- ☐ AAOMPT Committee Chair
- ☐ AAOMPT Committee Member
- ☐ AAOMPT Special Interest Group Chair
- ☐ APTA Board
- ☐ APTA Committee
- ☐ APTA Section Board
- ☐ APTA Section committee
- ☐ ABPTRFE position
- ☐ Exam item writer for NPTE or Board Specialty Exam
- ☐ None of the above
- ☐ Other (please specify)

* 3. **Since completing fellowship** have you served within your state chapter or district level of the APTA?

(select all that apply)

- ☐ State Delegate
- ☐ State chapter board of directors
- ☐ State chapter committee
- ☐ District board
- ☐ District committee
- ☐ State Committee (task force) legislative efforts
- ☐ None of the above
- ☐ Other (please specify)

* 4. How influential has fellowship training been on your involvement in the APTA or AAOMPT?

(-5) Significant Negative Influence	-4	-3	-2	-1	(0) No Influence	1	2	3	4	(5) Significant Positive Influence	N/A - I am not involved in the APTA or AAOMPT
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 5. What type of research were you involved in during your fellowship, or since graduation from fellowship? (select all that apply)

- ☐ Case reports/Case series
- ☐ Qualitative/quantitative survey study
- ☐ Randomized trials
- ☐ Systematic Reviews/Meta-Analyses
- ☐ Guidelines
- ☐ Editorials in peer reviewed publications
- ☐ None, I have not been involved in research
- ☐ Other (please specify)

* 6. What specific research activities were you directly involved in during your fellowship, or since graduation from fellowship? (select all that apply)

- ☐ Design
- ☐ Grant writing
- ☐ Data collection
- ☐ Manuscript writing
- ☐ Statistical Analysis/es
- ☐ None of the above
- ☐ Other (please specify)

* 7. Please indicate your productivity in scholarship during your fellowship, or since graduation from fellowship: (select all that apply)

- ☐ Publications such as writing case studies, book chapters, articles on clinical topics, peer reviewed articles
- ☐ Platform presentations at professional conferences
- ☐ Poster presentations at professional conferences
- ☐ Development of curriculum (entry-level/post professional)
- ☐ Development of educational materials (online/onsite)
- ☐ None of the above

Please provide specific details on your activities selected above (feel free to cut and paste from your CV)

* 8. Indicate which of the following professional activities you have participated in **since graduation from fellowship**: (select all that apply)

- ☐ Participate as a lead instructor of a continuing education seminar
- ☐ Participate as a guest lecturer or lab assistant in a professional or post professional PT education program
- ☐ Participate as lead instructor in a professional or post professional PT education program
- ☐ Participate as an invited speaker at a national level meeting
- ☐ Participate as an invited speaker at a district or state level meeting
- ☐ None of the above
- ☐ Other (please specify)

* 9. Have you served as a clinical mentor **since graduation from fellowship**? A clinical mentor is described as someone who has mentored peers in your clinical practice or community, entry-level DPT students, Residents, or Fellows-in-training.

- ☐ No
- ☐ Yes

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* 1. Indicate the level of impact fellowship training has had on your confidence in **teaching/mentoring**

	(-5) Significant Negative Influence	-4	-3	-2	-1	(0) No Influence	1	2	3	4	(5) Significant Positive Influence	N/A
Peers in your clinical practice or the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entry-Level DPT Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fellows-in-training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 2. Please indicate what roles you serve in as a clinical mentor. (select all that apply)

- ☐ Entry level DPT students
- ☐ Residents from EIM
- ☐ Participate Residents from other programs
- ☐ Fellows in Training from EIM
- ☐ Fellows in Training from other programs
- ☐ Colleagues in primary clinic
- ☐ None of the above
- ☐ Other (please specify)

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* 1. If you mentor students, residents, or fellows from non-EIM programs, please list the program names below.

Entry-level programs

Residency programs

Fellowship programs

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* 1. Please indicate all future professional aspirations you have over the next 5 years, including your current professional activities that you aspire to continue. (select all that apply)

- ☐ Teach continuing education courses
- ☐ Teach in a postprofessional PT education program
- ☐ Teach as adjunct faculty in an entry level PT education program
- ☐ Teach as ranked faculty in an entry level PT education program
- ☐ Present at conferences
- ☐ Disseminate research in peer reviewed journals
- ☐ Perform a clinical administrator role
- ☐ Perform a hospital administrator role
- ☐ Start or continue in private practice ownership
- ☐ Expand my current private practice ownership
- ☐ Expand involvement in professional organizations (APTA, AAOMPT)
- ☐ Obtain a terminal doctoral degree (DSc, PhD)
- ☐ Participate in a case report and/or case series
- ☐ Participate in higher level clinical research
- ☐ None of the above
- ☐ Other (please specify)

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Financial Implications

The following questions relate to the impact of fellowship training on your finances.

- * 1. Did you receive a raise in gross salary at your primary and/or secondary position as a result of your fellowship training?

☐ No

☐ Yes, please indicate how much your raise was in US dollars (whole numbers only ie: 1000)

- * 2. Why did you receive this raise?

☐ I did not receive a raise in gross salary

☐ This raise was due to acknowledgement of advanced expertise

☐ This raise was due to a positional promotion

☐ This raise was due to both positional promotion and acknowledgement of advanced expertise

☐ Other (please specify)

- * 3. How much do you estimate that your fellowship training has changed your annual gross income? Please enter whole numbers only ie: 1000. If it has not affected your income, indicate 0. (Include changes in jobs, promotions, additional income from teaching, etc. We really want a good estimate of how much individuals can anticipate income changes after going through fellowships.)

- * 4. As a result of fellowship training have you increased your ability to augment your total gross income through other professional activities? (outside of primary or secondary practice).

☐ No

☐ Yes, please indicate how much you are able to augment your total income yearly on average in US dollars (whole numbers only ie: 1000)

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* 1. As a result of fellowship training how have you increased your ability to augment your total income through other professional activities? (outside of primary or secondary practice).

- ☐ Teaching online entry-level education (adjunct faculty)
- ☐ Teaching onsite entry-level education (adjunct faculty)
- ☐ Teaching online postprofessional continuing education
- ☐ Teaching onsite postprofessional continuing education
- ☐ Mentoring residency students
- ☐ Mentoring fellowship students
- ☐ Other (please specify)

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1. Please comment on how the fellowship process impacted you professionally? (Not required)

2. Please comment on how the fellowship process impacted you personally? (Not required)

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Thank you!

Thank you for taking the time to complete the survey. As a reminder, those who complete the entire survey will be entered in a drawing for one of eight \$25 Amazon gift cards as a thank you for taking the survey. If you have any questions, please call Julie Whitman at 1-916-872-5193.